

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 2

January 10, 2012

**SUBJECT:** CALIFORNIA WITNESS PROTECTION PROGRAM - RENAMED AND REVISED; AND FORMS ASSOCIATED WITH THE CALIFORNIA WITNESS PROTECTION PROGRAM - RENAMED AND REVISED

**PURPOSE:** The California Witness Relocation and Assistance Program (CAL WRAP) is a grant-funded program that reimburses law enforcement agencies for witness relocation and assistance expenses. A recent audit of the Department's Witness Protection Program (WPP) files to assess the adequacy of the Department's control over WPP funds and reimbursements revealed that Areas/divisions are not in compliance with Section 3/355.30, *Witness Protection Program*, of the Department Manual. This Order renames the term WPP and all forms associated with the WPP, to ensure consistency with the CAL WRAP terminology. Additionally, this Order revises the Department Manual sections involving witness protection and relocation to comply with the Department and District Attorney record retention guidelines.

**PROCEDURE:** The Department's Witness Protection Program is renamed as the ***Witness Relocation and Assistance Program (WRAP)***. Department Manual Section 3/355.30 has been revised by adding a bureau detective coordinator's (BDC) responsibilities section, which requires each BDC to oversee witness relocation and assistance activities and to serve as a centralized retention administrator. A detective supervisor's responsibility section which requires a detective supervisor to be present with an investigating officer when witness relocation and assistance money is provided to witnesses has also been added. The investigating officer's responsibilities section has been revised to conform with the bureau detective coordinator's responsibilities.

Additionally, the Cost Calculations for 25-Percent Match Requirement, Part "A" and Part "B" CAL WRAP forms have been combined, and the salary rates have been updated. Attached are the revised Manual sections with revisions indicated in italics.

**FORM AVAILABILITY:** All CAL WRAP forms are available on the Department's Local Area Network (LAN). Copies of the forms are attached for immediate use and duplication. All other versions of the forms shall be marked "obsolete" and placed in the Area/divisional recycling bin.

**AMENDMENTS:** This Order amends Sections 3/355.05, 3/355.10, 3/355.20, 3/355.30, 4/203.33, and deletes Section 3/355.40 of the Department Manual. The revised *Assistant Commanding Officer, Chief of Detectives, and the Real-Time Analysis and Critical Response Division - Special Duties* sections are accessible in the "Organization Information" link, on the Department's LAN.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Internal Audits and Inspections Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



CHARLIE BECK  
Chief of Police

Attachments

DISTRIBUTION "D"

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**355.05 ADMINISTRATION AND MANAGEMENT OF SECRET SERVICE FUNDS.** Each operational bureau that has been designated by the Chief of Police (COP) to receive Secret Service Funds shall designate a Bureau Secret Service Funds Coordinator. The Bureau Secret Service Funds Coordinator may be the Bureau Vice Coordinator or the *Commanding Officer's* (C/O's) designee. Additionally, an Area/division that has been designated by the COP to receive Secret Service Funds shall designate a Secret Service Funds Coordinator and may be the *Narcotics Enforcement Detail* (NED) Officer in Charge (OIC), Vice Supervisor, or whoever the Area/division C/O designates.

**Note:** Both the Bureau Secret Service Funds Coordinator and the Area/division Secret Service Funds Coordinator shall have direct supervisory control over the Secret Service Funds, but not the *California Witness Relocation and Assistance Program (CAL WRAP)* funds.

**Narcotics Enforcement Detail (NED) Supervisor's Responsibilities.** Area NED supervisors shall have the following responsibilities and ensure their subordinate personnel adhere to the following procedures and protocols:

- Submit the completed Expenditure of Secret Service Funds form and the Detective Activity Log (DAL) to the concerned officer's supervisor no later than the end of watch of the following work day;
- Review the Expenditure of Secret Service Funds form and all related reports for accuracy and then forward the signed/approved form to the next level of supervision; and,
- Maintain a Monthly Report of Secret Service Money, Form 15.37.00, for issued or expended Secret Service Funds.

The bound Monthly Report of Secret Service Money shall include the following:

- Date, time, and location of Secret Service Fund expenditure;
- Amount;
- Type of expenditure or transfer of funds;
- Signature, printed name, and serial number of officer receiving and officer disbursing;
- A running balance of funds;
- Control numbers that correspond with the edits; and,
- Dates of reconciliation.

**Area/division Secret Service Funds Coordinator's Responsibilities.** The Area/division Secret Service Funds Coordinator shall:

- Monitor that funds shall only be expended when necessary and in furtherance of criminal investigations that fall within the area of responsibility of the C/O;
- Dispense Secret Service Funds to the Area NEDs, vice units, and other details as needed; and,
- Reconcile the Area vice and narcotics expenditures on the monthly Area report and submit it to the Bureau Secret Service Funds Coordinator by the third working day of the calendar month following the month reported.

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**Bureau Secret Service Funds Coordinator's Responsibilities.** The Bureau Secret Service Funds Coordinator shall:

- Conduct periodic audits of the Monthly Report of Secret Service Money and the Expenditure of Secret Service Funds;
- Maintain the Bureau Monthly Report of Secret Service Money and forward it to Fiscal Operations Division; and,
- Review the monthly report submitted by the Area/division Secret Service Funds Coordinator.

**Note:** *Witness relocation and assistance* expenditures shall be reported separately from narcotics and vice expenditures.

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**355.10 USE OF SECRET SERVICE FUNDS FOR OTHER THAN WITNESS RELOCATION AND ASSISTANCE PROCEDURES.** The Secret Service Fund is used for expenses incurred during criminal investigations arising within the City of Los Angeles and for such expenses necessarily incurred in the detection of crime. The fund shall not be used for any of the following:

- To supplement the income of any Department employee;
- To procure any fixtures, equipment, or supplies for the general use of the Department; or,
- To employ any personnel from established civil service classifications.

**Disbursement and Expenditures.** Each Area commanding officer, and division commanding officer designated by the Chief of Police, shall be allotted Secret Service funds. The funds shall be used as follows:

- The funds shall be expended only when necessary in the furtherance of criminal investigations that fall within the area of responsibility of the commanding officers.

**Note:** Officers may use their own money for investigations, subject to reimbursement by an assigned supervisor. When it is known in advance of an operation that a specific expenditure will be required, the Officer in Charge may provide Secret Service funds.

- After an expenditure, the officer shall submit an Expenditure of Secret Service Funds, Form 15.37.01, to his or her supervisor for approval and reimbursement, no later than the following workday.

**Note:** Expenditures over \$250 for narcotics investigations, \$50 or more for vice investigations, and \$150 or more for vehicle rentals require approval of the commanding officer prior to the expenditure.

**Exception:** Entities may submit a request through channels to the Chief of Police for approval of higher routine expenditure limits when specific, ongoing operational needs are identified.

**Obtaining Additional Funds.** Additional funds may be provided when the following conditions exist:

- When Secret Service funds have been depleted by necessary expenditures;
- When a specific investigation requires an inordinate amount of funds; or,
- When an immediate investigation is essential.

Entities needing additional monies shall first contact their bureau for any reserve funds. If reserve funds are not available, the requestor shall:

- Complete an Intradepartmental Correspondence, Form 15.02.00, from the commanding officer to the Special Assistant for Constitutional Policing (SACP), which describes in detail the purpose and need for the additional funds. The 15.02.00 shall include the following:
  - A signature block for the Director, Office of Operations (OO), if the entity requesting the additional funds falls under the chain of command of OO;
  - A signature block for the Director, Office of Special Operations (OSO), if the entity requesting the additional funds falls under the chain of command of OSO; and,

- A signature block for the Commanding Officer, Professional Standards Bureau (PSB), if the entity requesting the additional funds falls under the chain of command of PSB. All other entities shall include their bureau commanding officer's signature block.
- Ensure that the Form 15.02.00 includes a signature block for the SACP, as well as any special circumstances pertaining to the investigation (e.g., the possibility and manner of reimbursement). Confidential information that would compromise the investigation shall not be included in the request.

**Note:** If appropriate, a fact sheet may accompany the Form 15.02.00.

Upon completion of the Form 15.02.00 by the requesting commanding officer, the Form 15.02.00 shall be distributed as follows:

- Submit the Form 15.02.00 to the appropriate bureau commanding officer for review;
- After review and approval, the bureau commanding officer shall forward the Form 15.02.00 to the Director, OO; or to the Director, OSO; or to the Commanding Officer, PSB, whichever entity is applicable;
- After review and approval, the Director, OO; or the Director, OSO; or the Commanding Officer, PSB, shall forward the request to the SACP; and,
- The Special Assistant for Constitutional Policing will conduct the final review of the request and if approved, additional funds will be made available from the Office of the Chief of Police Reserve Fund.

**Recovery of Secret Service Funds.** In order to protect the integrity of the Department and the credibility of involved officers, the following procedures have been established for recovering Secret Service funds:

- The Arrest Report, Form 05.02.00, shall list in detail all monies expended and the disposition of the money involved;
- Money shall be recovered only when it can be identified by serial numbers or other markings; and,
- Other operating expenses incurred in the investigation shall not be taken from the person arrested.

**Note:** When winnings have been received in bookmaking investigations, the original bet shall be taken from the winnings, returned to the Secret Service Fund, and the remainder booked as evidence.

**Exception:** Entities may submit a request through channels to the Chief of Police for approval of higher routine expenditure limits when specific, ongoing operational needs are identified.

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**355.20 MONTHLY REPORT OF SECRET SERVICE FUNDS AND *CALIFORNIA WITNESS RELOCATION AND ASSISTANCE PROGRAM* EXPENDITURES.** Each bureau, Area, division, or unit that has been issued, or has expended Secret Service funds shall complete the Monthly Report of Secret Service Money, Form 15.37.00. This report shall be submitted by the third working day of the calendar month following the month reported.

**Note:** This report shall be considered confidential and copies shall be filed in a locked compartment.

Additionally, the officer responsible for disbursing Secret Service funds shall maintain a bound ledger with the following items included for each transaction:

- Date (and time and location if Area Secret Service Fund expenditure);
- Amount;
- Type expenditure of transfer of funds;
- Signature of officer receiving;
- Signature of officer disbursing; and,
- A running balance of funds.

*Witness relocation and assistance* expenditures must be reported to the bureau at the end of each month. The bureau shall review the Monthly Report of Secret Service Money and forward the original to Fiscal Operations Division and a copy to the Office of the Chief of Police (OCOP). This process shall be completed by the third workday of each month.

*Witness relocation and assistance* expenditures shall be reported separately from the vice expenditures report and the *narcotics expenditures report*. However, all *California Witness Relocation and Assistance Program (CAL WRAP)* cases occurring in the same month shall be documented in one report.

The events requiring submission of a Monthly Report of Secret Service Money are delineated on the reverse side of the form. Additionally, a *Form 15.37.00* is required:

- When *CAL WRAP* funds are received from the bureau or the OCOP, even if there are no expenditures; and,
- Each month a balance of funds exists; that is, if a balance of money appears at the end of one month's report, a report is required for the following month.

When Secret Service funds are received for *witness relocation and assistance* purposes, an original and six copies of the *Form 15.37.00* shall be prepared with the following additional information:

- All *CAL WRAP* cases listed on the report shall be identified by case number; and,
- Any unused funds returned to the OCOP or bureau shall be listed in the "Transferred Out" section.

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**355.30 CALIFORNIA WITNESS RELOCATION AND ASSISTANCE PROGRAM.** The *California Witness Relocation and Assistance Program (CAL WRAP)* is a County program designed to increase successful criminal prosecutions through the protection of witnesses and their families. The following criteria must be met in order to obtain funds from the *CAL WRAP*:

- A witness or family member has been threatened, or an actual threat to the safety of a witness or family member exists;
- Criminal charges have been filed, or there is a strong likelihood charges will be filed by the District Attorney's (DA's) Office against a defendant; and,
- The witness will be called or has been called to testify against the defendant.

**Disbursement.** The *Special Assistant for Constitutional Policing* will make an annual allocation of Secret Service funds to all geographic bureaus for the purpose of administering the *CAL WRAP* at the bureau level. This allocation shall occur at the beginning of each fiscal year.

**Procedures for Obtaining Funds.** When a witness relocation case develops and the established criteria for obtaining funds are met, the *investigating officer (I/O)* shall complete a *DA's CAL WRAP* request. The *investigating officer* shall then discuss the case with an immediate supervisor (Detective III or above) and obtain approval from the commanding officer.

**Note:** The *DA's CAL WRAP* request has been revised to include a signature block for the commanding officer.

The *investigating officer* shall then telephonically contact the Program Coordinator at the *DA's Office* for initial approval to use the funds.

Upon telephonic approval, the *I/O* shall make an appointment to appear in person at the *DA's Program Coordinator's office* for written approval. Once written approval has been obtained, the *I/O* shall transport the approved *CAL WRAP* Request to the *Bureau Detective Coordinator (BDC)* to obtain the fund.

Once the funds have been disbursed, the *I/O* shall be responsible for obtaining all necessary receipts. These receipts and a letter to the County Business Office shall be mailed to the concerned bureau immediately after the funds have been expended. A copy of all original receipts shall be maintained in division files.

**Note:** The required letter to the County Business Office shall include the name, serial number, and phone number of the *I/O*. The letter shall also indicate which bureau is to be reimbursed and the mailing address.

**Investigating Officer's Responsibilities.** When a witness relocation case develops, and the criteria for obtaining funds are met, the *I/O* shall:

- Complete a *DA's CAL WRAP* request;
- Contact the *DA's Office* for approval;
- Submit the request to the *I/O's supervisor*;

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- *Hand-carry the CAL WRAP forms, with the case number, to the respective BDC for review and approval;*
- *Ensure that a detective supervisor is present when CAL WRAP cash money is provided to witnesses;*
- *Submit all original receipts and documents to the BDC within 30 calendar days; and,*
- *Extensions beyond 30 calendar days may be granted based on approval by the concerned bureau commanding officer.*

***Note: Investigating officers shall not pick up reimbursement checks from the DA's Office.***

**An investigating officer having a need to relocate an endangered witness or family member during non-business hours shall:**

- *Contact the Real-Time Analysis and Critical Response Division with the approval of his/her immediate supervisor;*
- *On the next workday, bring a copy of the Request for Immediate Disbursement of California Witness Relocation and Assistance Program Funds form to their BDC; and,*
- *Submit receipts and money to the concerned BDC the following day.*

***Unit OIC/Supervisor's Responsibilities.*** The unit OIC/supervisor, upon receipt of a DA's CAL WRAP request, shall:

- Review the request for completeness and accuracy;
- Determine if the criteria for obtaining funds are met; and,
- Forward it to the commanding officer for approval.

***Detective Supervisor's Responsibility.*** A detective supervisor shall be present with an I/O when CAL WRAP money is provided to witnesses.

***Commanding Officer's Responsibilities.*** The commanding officer receiving Secret Service funds for CAL WRAP purposes shall ensure that:

- A secure location is established for control of the funds;
- Proper accounting procedures are followed, including the completion of the Monthly Report of Secret Service Money, Form 15.37.00; and,
- Personnel are properly trained in CAL WRAP procedures.

The commanding officer, upon receipt of a DA's CAL WRAP request, shall:

- Review the request and determine if the criteria for obtaining funds are met;
- If approval is granted, make an approval notation on the request and forward it to the DA's Office for approval;
- After obtaining approval from the DA, contact the bureau to determine if there is sufficient bureau Secret Service funds to fulfill the request. If so, the commanding officer shall forward the request to the bureau for disbursement of funds; and,

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- If the bureau does not have sufficient funds, cause the request to be forwarded to the Commanding Officer, Fiscal Operations Division (*FOD*). The commanding officer shall also cause a copy of the request to be forwarded to the bureau with the words "NOTIFICATION ONLY" printed in red across the top.

The commanding officer, upon receipt and expenditure of Secret Service Funds, shall:

- Retain a copy of the completed DA's *CAL WRAP* request form, an itemized list of expenditures, and all related receipts for the file;
- Forward the originals of the above listed documents to the *DA*'s Accountant, Room 54037, Hall of Records, 320 West Temple Street, Los Angeles, California 90012;

**Note:** Only expenditures substantiated by receipts will be reimbursed.

- Cause the Secret Service Fund transaction to be recorded in the appropriate Secret Service Ledger;

**Note:** The transaction shall not be recorded in the bureau Secret Service Ledger if the funds are received from *FOD*.

- Upon receiving the reimbursement from the *DA*'s Office, immediately return the funds to the appropriate Secret Service Fund. If funds were obtained from *FOD*, a telephonic notification of the reimbursement shall be made to the concerned bureau; and,
- *Extensions beyond 30 calendar days may be granted based on approval by the concerned bureau commanding officer.*

**Bureau Commanding Officer's Responsibilities.** The bureau commanding officer, upon receipt of a DA's *CAL WRAP* request, shall:

- Review the request and determine if the *DA*'s Office approved the request; and,
- Disburse the funds if the balance of the bureau Secret Service Fund will cover the request.

**Bureau Detective Coordinator's Responsibilities.** *The Bureau Detective Coordinator shall:*

- *Hand-carry the CAL WRAP forms, with the case number to FOD;*
- *Deposit the check into the bureau's CAL WRAP account and disburse funds to the I/O as necessary;*
- *Give a check made payable to the I/O or the party involved in the witness relocation;*
- *Retain a copy of all CAL WRAP documents and forward originals to the DA's Office;*
- *Pick up the CAL WRAP reimbursement checks from the DA's Office; and,*
- *Oversee witness relocation activities.*

**Commanding Officer, Fiscal Operations Division – Responsibility.** The Commanding Officer, FOD, upon receipt of a DA's *CAL WRAP* request, shall *review the request and issue funds (check) for the approved amount to the bureau's CAL WRAP account.*

**Note:** The *Chief of Detectives* is designated as the Department *CAL WRAP* Coordinator. Employees having any questions regarding this program should direct their inquiries to the *Department CAL WRAP Coordinator.*

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**203.33 NOTIFICATION TO VICTIMS OF CRIMINAL ACTIVITY.**

**Officer's Responsibility.** When officers become aware of a threat or information affecting the safety of a witness or victim who is to testify in a criminal prosecution, they shall immediately:

- Notify the investigating officer (*I/O*) who is assigned to the case, or the *I/O*'s immediate supervisor or, in their absence, the Area watch commander; and,
- Complete an Investigative Report (IR), Form 03.01.00, titled "Dissuading a Witness," containing the following information:
  - Date and time the information was received;
  - Name, address, and telephone number of the witness or victim being threatened;
  - Identity of the defendant in the case; and,
  - Identity of the person making the threat, and the nature of the threat, if known.

When the threat or information involves a witness or victim who is to testify in a criminal prosecution for which no *I/O* is assigned, officers shall immediately:

- Ensure that the witness or victim is informed of the threat to his/her safety as soon as possible;
- Document the threat on a IR containing the relevant information; and,
- Document the date and time that the witness or victim was notified on an IR or a Follow-up Investigation, Form 03.14.00.

**Note:** The identity of the person(s) from whom the information was received shall not be noted on the IR if, in the opinion of the officer, a serious threat to their safety could ensue. The identity of the person(s) providing the information, and other relevant facts not included on the IR shall be documented on an Employee's Report, Form 15.07.00, stamped "Confidential" and forwarded with the IR. This does not preclude officers from disclosing to their commanding officer the identities of informants from whom the officers have received information, in accordance with *Department Manual Section 4/733.10*.

**Investigating Officer's Responsibilities.** When investigating officers become aware of a threat, or information relating to the safety of a witness or victim who is to testify in a criminal prosecution, they shall immediately:

- Ensure that the witness or victim is notified of the threat or information relating to his/her safety;
- Inform the witness or victim of the District Attorney's *CAL WRAP*; and,

**Note:** The witness or victim shall not be advised of his/her eligibility for the program. The Bureau of Investigative Services, Los Angeles County District Attorney's Office, determines eligibility. If the witness or victim does not meet the eligibility requirements set forth by the Bureau of Investigative Services, the *I/O* shall contact the Department's *CAL WRAP* Coordinator (*Chief of Detectives*) for advice and assistance.

- Document the notification and other relevant information on a Follow-up Investigation *report* or other appropriate report.

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**Watch Commander's Responsibility.** When an Area watch commander is advised of threats or information relating to the safety of a witness or victim who is to testify in a criminal prosecution, he/she shall immediately:

- Ensure that the assigned I/O or the I/O's immediate supervisor is notified;
- Ensure that the witness or victim is promptly notified of the potential threat to his/her safety; and,
- Ensure that the incident, including time of notification of the affected witness or victim, is properly documented on an IR.

**Organization Information Link**  
**(Accessible from the Organization link, on the Department's Local Area Network)**  
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**ASSISTANT COMMANDING OFFICER, CHIEF OF DETECTIVES.** The Assistant Commanding Officer, Chief of Detectives, under the direction of the Commanding Officer, Chief of Detectives, performs the following functions:

- Exercises line command over the operations of the six specialized investigative divisions of Chief of Detectives;
- Is designated as the Department Coordinator to the following positions:
  - *California Witness Relocation and Assistance Program (CAL WRAP);*
  - Hate Crime;
  - Narcotics;
  - Vice;
  - Department Narcotics/Nuisance Abatement and Conditional Use Permit; and,
  - Mental Health Crisis Response Program (MHCRP).

**REAL-TIME ANALYSIS AND CRITICAL RESPONSE DIVISION – SPECIAL DUTIES.** The *Real-Time Analysis and Critical Response Division* is responsible for the following special duties:

**Reference Data.** Maintaining reference data of the following:

- Fiscal Operations Division – Travel and Per Diem Guidelines;
- Emergency Operations Master Plan and Procedures Manual;
- National Directory of Law Enforcement Administrators; listing names, official titles; addresses; locations; and call codes of chiefs of police, sheriffs, prosecutors, and penal institutions;
- The Directory of the State Board of Medical Examiners, and the Directory of the State Board of Osteopathic Examiners;
- Chief Special Agents Association, Inc., Directory of police and government agencies in the State, including selected local public and private enterprises;
- Department and Emergency Operations Guide; and,
- U.S., Penal, Vehicle, and Municipal Codes.

**Special Logs.** Maintaining logs of the following:

- Security Inspections;
- Booking advice;
- Requests for assistance by outside agencies;
- Officers visiting from outside jurisdictions;
- Out-of-County vehicle trips;
- Mileage use; and,
- Collect telephone calls.

**Organization Information Link**  
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**Special Files.** Maintaining files of the following:

- Writ teletypes;
- Emergency Investigative Travel Fund;
- Emergency Witness Relocation Fund; and,
- Legal information.

**Emergency Investigative Travel Fund.**

- Maintaining and disbursing money from the Emergency Investigative Travel Fund; and,
- Providing a copy of the Fiscal Operations Division – Travel and Per Diem Guidelines to each Department employee going on emergency investigative travel for the Department.

**Emergency Witness Relocation Fund.**

- Maintaining and disbursing money from the Emergency Witness Relocation Fund; and,
- Providing a copy of the Fiscal Operations Division Request for immediate disbursement of *California Witness Relocation and Assistance Program* funds to the concerned Department employee.

California Witness Relocation and Assistance Program Funds Request  
Investigator's Checklist

The investigating officer (I/O) determines that a witness requiring protection meets ALL of the following criteria:

- A credible threat has been made against the witness or their family.
- Charges have been or will be filed by the District Attorney (DA) against the defendant. If charges have not been filed, some form of reassurance that charges will be filed must be provided.
- The witness has been or will be called to testify in the case.
- The witness agrees to be relocated.

If the above conditions have been satisfied, the I/O shall do the following:

- Discuss the case with an immediate supervisor (Detective III or above) and obtain approval from the concerned commanding officer.
- Document on a Chronological Record, Form 03.11.06, all time spent on the witness relocation. This documentation must be accurate to within 10 minutes as it will be used for billing in the future. All actual time spent on the relocation shall be included in the time documented, including phone calls, meetings, financial transactions and completion of reports. Also document all City vehicle mileage related to the relocation.
- Obtain DA, Bureau of Investigation approval. Call (213) 974-3607 to arrange a meeting or obtain telephonic approval. Meet with a DA Investigator Captain at 210 West Temple St., 17<sup>th</sup> floor. The DA Captain will assist the I/O to correctly complete the forms and educate the I/O on the intricacies of complying with the Program's requirements.
- Complete the California Witness Relocation and Assistance Program (CAL WRAP) application for witness relocation and assistance.
- Complete the CAL WRAP, Witness Advisement form. The I/O must have the witness sign the Witness Advisement form. Endangered witnesses who refuse to sign the form cannot be relocated. This form must be delivered to the DA within seven calendar days of receipt of funds.
- Complete the CAL WRAP, Officer Acknowledgement Form.
- Have all three forms reviewed and initialed, along with the reviewing Department supervisor's serial number.
- After the DA's approval, the I/O must transport completed documents to Fiscal Operations Division (FOD) at the Police Administration Building, 7<sup>th</sup> floor, Room 767, to obtain the funds. Business hours for FOD are Monday through Thursday from 0700-1600 hours (FOD is closed on the first and third Fridays of each Deployment Period), excluding holidays. Fiscal Operations Division can be contacted at 213-486-8505.

California Witness Relocation and Assistance Program Funds Request  
Investigator's Checklist

**Note:** Emergency off-hours witness relocation funds are obtained through the Real-Time Analysis & Critical Response Division at 500 East Temple Street, Los Angeles. Call (213) 484-6700 for advice before responding.

- The I/O must complete and submit a Request for Immediate Disbursement of California Witness Relocation and Assistance Program Funds form.
- Fiscal Operations Division will provide the I/O funds "fronted" from the Emergency CAL WRAP account.
- Once DA funding is obtained, the I/O shall reimburse the Emergency Witness Relocation and Assistance account.
- The I/O distributes the funds to the witness and/or service providers.
- The I/O must collect receipts for expenditures, both by the I/O and the witness and complete an Acknowledgement for Receipt of Funds form.
- The I/O must maintain a monthly accounting for all funds as they are obtained, disbursed or returned via Monthly Report of Secret Service Money, Form 15.37. 00, and also complete a California Witness Relocation and Assistance Program Funding Summary Expenditure form.
- The I/O must store undisbursed funds in a safe location and in a manner consistent with Department protocol. Funds SHALL NOT be co-mingled nor placed into a personal bank account.
- To ensure compliance with the State 25-Percent Match Requirement, the I/O shall calculate all sworn law enforcement hours and mileage by referring to their chronological log and completing the Law Enforcement Declaration 25-Percent Match Requirement, Department letterhead. Use the Cost Calculation sheet to complete the declaration. This declaration will be attached to the request for reimbursement provided to the DA and a copy forwarded to FOD.
- Following the disbursement of funds for witness protection or relocation (not necessarily the total amount approved), the I/O must document the expenditures in a format prescribed by the DA. The supporting receipts or Acknowledgements for Receipt of Funds and DA documents must then be provided to the DA, either in person or by fax.
- Upon review and approval, the DA will issue a check to the Department, which the I/O must transport and deposit with FOD by the next business day.
- When closing a case, written notification must be provided to the DA on CAL WRAP Notification Case Closeout, Department letterhead.

**Note:** Fiscal Operations Division will follow-up with the I/O on outstanding past due amounts and produce monthly reports for the Chief of Detectives. Past due witness protection funds are reported at COMPSTAT Inspections.

Refer to Fact Sheet: Witness Relocation Funding Procedures, July 16, 2002, and Detective Operations Manual Volume II/ 600.20, for further details.

**CALIFORNIA WITNESS RELOCATION AND ASSISTANCE PROGRAM**  
**Officer Acknowledgement Form**

**CAL WRAP. No. 19-\_\_\_\_\_**

*I acknowledge and agree to the following:*

1. These funds are requested for the emergency relocation of the witness(es) and/or others, for the reason outlined in this request. I understand only those expenses approved, in the indicated amounts are reimbursable only through the subsequent submission of original receipts, unless otherwise indicated in this agreement. No other substitution of expenses is allowed. I will submit all receipts for reimbursement as soon as possible. (\_\_\_\_\_)
2. If there are any changes in the amounts of money spent, how the approved money is spent, or the time period covered by the witness relocation agreement, I will seek approval from one of the District Attorney's Captains or the District Attorney's Administrative Lieutenant. (\_\_\_\_\_)
3. If the funds are not used, I will promptly notify the Administrative Captain, 210 W. Temple Street, Room 17-902, Los Angeles, CA 90012, in writing that the funds were not used so they can be released and used on other witness relocation efforts. (\_\_\_\_\_)
4. I will return the WITNESS ADVISEMENT form to the Los Angeles County District Attorney's Office, 210 W. Temple Street, Room 17-901, Los Angeles, CA 90012, Attn: CAL WRAP (Fax Number: 213/346-1291) by \_\_\_\_\_. (\_\_\_\_\_)
5. I will return the QUESTIONNAIRE form to the Los Angeles District Attorney's Office's Accounting Unit, 201 N. Figueroa Street, 13th floor, Los Angeles (213/202-7670), at the conclusion of the case when receipts are submitted for final payment. (\_\_\_\_\_)
6. I have received approval from my Department to seek these funds.  
*Supervisor's Name:* \_\_\_\_\_ (\_\_\_\_\_)
7. This agreement and all reimbursements will expire on \_\_\_\_\_. (\_\_\_\_\_)

**SIGNED, \_\_\_\_\_ DATE \_\_\_\_\_**

California Witness Relocation and Assistance Program approval is available by calling the District Attorney's Command Center at (213) 974-3607, on a twenty-four hour basis.

\*See attached forms for reimbursement guidelines and procedures.

STATE OF CALIFORNIA  
DEPARTMENT OF JUSTICE  
CALIFORNIA WITNESS RELOCATION AND  
ASSISTANCE PROGRAM

Mail to: Los Angeles District Attorney  
Bureau of Investigations/CAL WRAP  
210 W. Temple St. 17-901  
Los Angeles, California 90012  
Attn: CAL WRAP (213) 974-3607 (24 Hours)

**APPLICATION**

---

Date:

Witness #19 \_\_\_\_\_

**I. REQUESTING DISTRICT ATTORNEY'S OFFICE/WITNESS COORDINATOR**

District Attorney's Office	Witness Coordinator
Office <b>Los Angeles</b>	Name/Title
Address <b>210 W. Temple Street, Room LA, CA 90012</b>	Address <b>210 W. Temple St, Room LA, CA 90012</b>
Phone #	Phone #
Agency Case #	Investigating Officer  Phone: # Pager: #

**II. CASE INFORMATION**

Briefly describe the case in which the witness is testifying and explain how it constitutes a gang-related crime, organized crime, narcotic crime, or some other crime that creates a high degree of risk to the witness. If possible, attach the crime report. If more room is necessary, please type on additional page and attach.

Has a complaint or indictment been filed, or does the submitting agency intend to seek a complaint or indictment? Yes [ ] No [ ]

Court Case #:

Case Name:

Defendants Being Prosecuted	DOB	CII	Charges Filed	In Custody

**III. THREAT INFORMATION**

Articulate the credible evidence of substantial danger the witness may suffer due to intimidation or retaliatory violence.

#### IV. WITNESS INFORMATION

NAME (1)	NAME (2)
AKA	AKA
DOB	DOB
CDL	CII
	CDL

#### ADDITIONAL FAMILY

NAME	DOB	RELATIONSHIP TO WITNESS
NAME	DOB	

Expenses Requested		Financial Assistance Being Received by Witness or Family	
Relocation	\$	Salary – Unknown	\$ /mo.
Motel	\$	Child Support	\$ /mo.
Meals	\$	Disability	\$ /mo.
Incidentals	\$	Welfare	\$ /mo.
Apartment	\$	Other (explain)	\$ /mo.
Meals	\$	Total Amount	\$ /mo.
Utilities	\$		
Incidentals	\$	Monthly Debts	\$ /mo.
Deposit	\$		
Total Amount	\$		

Were other available funding sources utilized before applying to the CAL WRAP? Yes [ ] No [ ].  
 Is the witness currently receiving financial assistance from the state of California Board of control victims of Crime Program? Yes [ ] No [ ]. If yes, please explain. Period of Assistance:

Signature

Date

[ ] Approved    [ ] Disapproved    FOR CAL WRAP PROGRAM ANALYST ONLY

CAL WRAP Program Analyst

Date

STATE OF CALIFORNIA  
DEPARTMENT OF JUSTICE  
CALIFORNIA WITNESS RELOCATION AND  
ASSISTANCE PROGRAM  
WITNESS ADVISEMENT

Per Section 14025, Title 7.5 of the California Penal Code, the Witness Advisement shall be in writing and shall specify the responsibilities of the protected person that establish the conditions for the California Witness Relocation and Assistance Program (CAL WRAP).

Deliver To: Los Angeles District Attorney  
Bureau of Investigation/CAL WRAP  
210 W. Temple St, 17-903  
Los Angeles, California 90012  
Attn: WRAP (213) 974-3607 (24-Hrs)

District Attorney's Office: LOS ANGELES Contract Number: \_\_\_\_\_

Witness Name and I.D. Number: \_\_\_\_\_  
\_\_\_\_\_

The relocated person/witness shall agree to all of the following:

I, \_\_\_\_\_, do hereby agree to do all of the below conditions while in the CAL WRAP.

- Testify truthfully in and provide all necessary information to appropriate law enforcement officials concerning all criminal proceedings. ( \_\_\_\_\_ witness initials)
- Obey all laws. ( \_\_\_\_\_ witness initials)
- Take all necessary steps to avoid detection by others during the period of relocation. ( \_\_\_\_\_ witness initials)
- Comply with all legal obligations and civil judgments. ( \_\_\_\_\_ witness initials)
- Cooperate with all reasonable requests from officials providing the relocation. ( \_\_\_\_\_ witness initials)
- Disclose all outstanding legal obligations, including those concerning child custody and visitation rights. ( \_\_\_\_\_ witness initials)
- Disclose any probation or parole responsibilities. ( \_\_\_\_\_ witness initials)
- Regularly inform the appropriate district attorney's office or law enforcement designee of his or her activities and current address. ( \_\_\_\_\_ witness initials)
- Failure to comply with any of the above may be a condition for termination from the program. ( \_\_\_\_\_ witness initials)

---

Witness Signature

Date

I have explained each of the above conditions to the witness, and he or she has acknowledged and agree to all conditions.

---

District Attorney or Designee Signature  
(Investigating Officer)

Date

**REQUEST FOR IMMEDIATE DISBURSEMENT OF  
CALIFORNIA WITNESS RELOCATION AND ASSISTANCE PROGRAM FUNDS**

This form is for acquisition of funds to satisfy the immediate needs in a witness relocation use during those hours when Fiscal Operations Division is not available. It must be completed and delivered in person to Real-Time Analysis & Critical Response Division (RACR) at 500 East Temple Street, Los Angeles.

Date/Time \_\_\_\_\_ DR. No. \_\_\_\_\_

District Attorney Control No. (DAR) 19 - \_\_\_\_\_

Investigating division \_\_\_\_\_

Primary Investigator - Name/Serial No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Secondary Investigator - Name/Serial No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Immediate Supervisor - Name/Serial No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

Brief description of anticipated expenditures (e.g., motel, meals, truck rental. Include the number of persons relocated if appropriate).

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	RACR USE ONLY	
--	---------------	--

Date/Time \_\_\_\_\_

RACR detective disbursing funds (Name/Serial No.) \_\_\_\_\_

Amount disbursed \$ \_\_\_\_\_ To (Name/Serial No. of investigating officer (I/O) \_\_\_\_\_  
receiving funds.). (Print)

	I/O ACKNOWLEDGEMENT	
--	---------------------	--

I acknowledge receipt of \$ \_\_\_\_\_ from RACR as an advance of witness relocation funds on  
(Date/Time) \_\_\_\_\_

Receiving Officer's Signature (Name/Serial No.) \_\_\_\_\_

# LOS ANGELES POLICE DEPARTMENT



**CHARLIE BECK**  
Chief of Police

P. O. Box 30158  
Los Angeles, Calif. 90030  
Telephone: (213) 486-0150  
Fax: (213) 486-0168  
TDD: (213) 275-5273  
Ref #: \_\_\_\_\_

**ANTONIO R. VILLARAIGOSA**  
Mayor

Date: \_\_\_\_\_

Mr. Norbert Ruiz, Fiscal Services  
Los Angeles County District Attorney's Office  
201 North Figueroa Street, Suite 1300  
Los Angeles, California 90012

Dear Mr. Ruiz:

## CALIFORNIA WITNESS RELOCATION AND ASSISTANCE PROGRAM REQUEST FOR PAYMENT

Please remit \$ \_\_\_\_\_ to this Agency for the reimbursement of California Witness Relocation and Assistance Program (CAL WRAP) costs. This request represents a final payment for this case. If you have any questions, please contact

\_\_\_\_\_, Serial No. \_\_\_\_\_, at \_\_\_\_\_.  
(Employee's Name) (Phone number)

Please make the check payable to the Los Angeles Police Department.

### I.

CAL WRAP Agreement #: \_\_\_\_\_

No. of Witness(s): \_\_\_\_\_

Agreement Date: \_\_\_\_\_

No. of Family Member(s): \_\_\_\_\_

Witness I.D. #: \_\_\_\_\_

### II.

#### RELOCATION

Relocated on: \_\_\_\_\_

If personal vehicle used, \_\_\_\_\_ Miles x \$.24 Amount: \_\_\_\_\_

Moving expenses Amount: \_\_\_\_\_

Storage of personal possessions Amount: \_\_\_\_\_

### III. (A)

#### LODGING AND MEALS

\*TEMPORARY RELOCATION (Hotel/Motel, 30 day maximum)

	<u>Period Covered</u>	<u>Amount</u>
RENT (Receipts required)	_____	_____
MEALS	_____	_____
INCIDENTALS	_____	_____

\*See manual for definitions.

**III. (B)**

LODGING AND MEALS

UNDERLINE ONE:

\*LOCAL PROTECTION - SEMI-PERMANENT - PERMANENT LODGING (Residence, Apartment/House)

	<u>Period Covered</u>	<u>Amount</u>
RENT (Receipts required)	_____	_____
MEALS	_____	_____
INCIDENTALS	_____	_____

*\*\* This amount includes a deposit for the rental property in the amount of \$0.00*

(Rental/Security deposits are to be monitored/returned or deducted from reimbursement claim by the Agencies)

\*See manual for definitions.

**IV.**

UTILITIES (need prior CAL WRAP approval)

Type of Service: \_\_\_\_\_

Billing Date: \_\_\_\_\_

Monthly Expense: (Utility Co. Receipts Required) \_\_\_\_\_ Amount: \_\_\_\_\_

**V.**

ARMED PROTECTON OR ESCORT

Number of protection and/or escort personnel: \_\_\_\_\_ Costs: \_\_\_\_\_

Transportation costs devoted to armed protection or escort services. Hours: \_\_\_\_\_

Overtime hours and costs devoted to armed protection or escort services. Costs: \_\_\_\_\_

Per Diem devoted to armed protection or escort services. Costs: \_\_\_\_\_

**VI.**

ESTABLISHMENT OF NEW IDENTITY

Include narrative of function and costs related to the establishment of new identity.

\_\_\_\_\_ Amount: \_\_\_\_\_

**VII.**

HEALTH CARE

Include narrative of function and costs related health care.

\_\_\_\_\_ Amount: \_\_\_\_\_

**GRAND TOTAL: \$ \_\_\_\_\_**

I verify that all required receipts for the above-specified expenses are submitted and attached.  
I understand that all requests for reimbursement must be filed with the Los Angeles County District Attorney's Office within eight (8) months following the agreement date.

Mr. Norbert Ruiz, Fiscal Services  
Page 3  
Ref. No.

Name and Signature of Investigating Officer

Date

Title and Division of Assignment

Telephone Number

Very truly yours,

CHARLIE BECK  
Chief of Police

\_\_\_\_\_, Captain  
Name of Commanding Officer  
Area Commanding Officer  
\_\_\_\_\_  
Area Community Police Station

Enclosure

**FOR DISTRICT ATTORNEY'S USE ONLY**

Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Check Issue Date \_\_\_\_\_ Issued by: \_\_\_\_\_

## **CALIFORNIA WITNESS RELOCATION AND ASSISTANCE PROGRAM EXPENDITURES**

DA CONTROL NO. 19-

**WITNESS' NAME**

DR NO.

# LOS ANGELES POLICE DEPARTMENT



CHARLIE BECK  
Chief of Police

P. O. Box 30158  
Los Angeles, Calif. 90030  
Telephone: (213) 486-0150  
Fax: (213) 486-0168  
TDD: (877) 275-5273  
Ref#: 1.8

ANTONIO R. VILLARAIGOSA  
Mayor

## Law Enforcement Declaration 25-Percent Match Requirement

*On January 1, 2008, a 25-percent local match was imposed on all new cases approved by the California Witness Relocation and Assistance Program (CAL WRAP) beginning fiscal year 2007/2008. Therefore, any reimbursement request that falls under this requirement, and submitted for approval with expenses starting January 1, 2008, will require a 25-percent match. This requirement was mandated by the legislature effective fiscal year 2007/2008 as amended and codified in Section 14027(b) of the Penal Code.*

I, \_\_\_\_\_ with the  
(Name/Title)

Los Angeles Police Department declare that:

\$ \_\_\_\_\_ in sworn law enforcement salaries and benefits;

\$ \_\_\_\_\_ in sworn law enforcement overtime salaries and benefits;

\$ \_\_\_\_\_ in agency support staff salaries and benefits;

\$ \_\_\_\_\_ in agency support staff overtime salaries and benefits;

\$ \_\_\_\_\_ in agency vehicle mileage; totaling,

\$ \_\_\_\_\_ for in-kind services (free).

was contributed on the behalf of witness # \_\_\_\_\_, Agreement # \_\_\_\_\_, during the time period of \_\_\_\_\_ to \_\_\_\_\_. Furthermore, I declare that the specific time keeping documentation will be maintained by my office relative to the services provided to witness # \_\_\_\_\_, and \_\_\_\_\_ family members, and available for future audits of this county as required per the *CAL WRAP Policy and Procedures Manual*.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, California.

\_\_\_\_\_  
(Declarant Signature)

Cost Calculations for 25-Percent Match Requirement  
(For use on relocations occurring after September 2010)

Use chronological log or follow-up report to determine the total number of regular and overtime hours worked by each sworn rank.

Use the below listed salary rates to calculate regular sworn salary (first \$ line):

Police Officer II	\$57.07
Police Officer III or III+I	\$66.43
Detective I	\$70.57
Detective II or Sergeant I	\$76.08
Detective III or Sergeant II	\$83.29

Use the below listed salary rates to calculate sworn overtime salary (second \$ line):

Police Officer II	\$57.60
Police Officer III or III+I	\$67.04
Detective I	\$71.22
Detective II or Sergeant I	\$76.78
Detective III or Sergeant II	\$84.05

Enter \$72.25 in the third \$ line. This represents Fiscal Operations Division's processing costs.

Enter "00.00" in the fourth \$ line. (This may be used at a later date)

Calculate the vehicle mileage cost by multiplying the total miles driven (from chrono or follow-up) by \$0.58 and enter in the fifth \$ line.

Add up lines one through five and enter in sixth line "for in-kind services".

Form 100-100-0000000000000000

**ACKNOWLEDGEMENT FOR RECEIPT OF FUNDS**  
(For Food and Incidentals)

Re: CAL WRAP Witness I-D. #19- \_\_\_\_\_

Date \_\_\_\_\_

To Whom It May Concern:

On \_\_\_\_\_, I, \_\_\_\_\_ received from \_\_\_\_\_  
(Date) (Name of Witness) (Detective/Police Officer)

\$ \_\_\_\_\_, \_\_\_\_\_ dollars in cash to be used \_\_\_\_\_  
(Numeric Amount) (Spell out amount) (Indicate Meals or Incidentals)

I understand that I am not to use this money for any other purpose, other than the purpose indicated above.

I also understand that I will cooperate fully with the District Attorney's office in the prosecution of the defendant(s) in this matter.

\_\_\_\_\_ (Signature - Witness)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature - Police Officer)

\_\_\_\_\_ (Date)

# LOS ANGELES POLICE DEPARTMENT

CHARLIE BECK  
Chief of Police



P. O. Box 30158  
Los Angeles, Calif. 90030  
Telephone: (213) 486-0150  
Fax: (213) 486-0168  
TDD: (877) 275-5273  
Ref#: 1.8

ANTONIO R. VILLARAIGOSA  
Mayor

Date: \_\_\_\_\_

Mr. Norbert Ruiz, Fiscal Services  
Los Angeles County District Attorney's Office  
201 North Figueroa Street, Suite 1300  
Los Angeles, CA 90012

Dear Mr. Ruiz:

## CALIFORNIA WITNESS RELOCATION AND ASSISTANCE PROGRAM (CAL WRAP) NOTIFICATION OF CASE CLOSEOUT

CAL WRAP Agreement #	_____
Agreement Date	_____
Witness I. D. #	_____

The Los Angeles Police Department has determined that witness relocation and assistance funds in the above case will not be required. There has been no expenditure of funds pursuant to this matter, and it is not anticipated that the Los Angeles Police Department will request reimbursement for any costs associated with witness relocation or assistance for this case.

Name and Signature of Investigating Officer

Date

Title and Division of Assignment

Telephone Number

Very truly yours,

CHARLIE BECK  
Chief of Police